



TOWN OF FOXBOROUGH

Thomas F. Buckley, *Chairman*
Robert L. O'Donnell
Lori A. Rudd

OFFICE OF THE BOARD OF ASSESSORS

40 South Street • Foxborough, MA 02035
Phone: 508-543-1215
Fax: 508-543-6278

Hannelore Simonds, M.A.A.
Chief Assessor
hsimonds@foxboroughma.gov

INCOME AND EXPENSE QUESTIONNAIRE – FOXBOROUGH, MA Mixed USE PROPERTY FOR 12 MONTHS ENDING JANUARY 1, 2019: FISCAL YEAR 2020

Please Return to:
Town of Foxborough
40 South Street
Foxborough, MA 02035

NOTE: SIGNATURE IS REQUIRED ON BACK PAGE

Property Location:	Mixed Use Property	Calendar Year: 2018
Parcel ID:	Rental Income Statement	

Commercial Lease Information: Please provide information on current leases as of January 1st.

					Lease Terms			
Floor Level	Tenant Name	Type of Space	Leased Area (Sq. ft.)	Rent per SF on Jan. 1st	Annual Rent	Start Date (Mo/Yr)	Term in years	Basis Gross, Net, NNN
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Residential Rental Information: Please provide the following rental information.

The effective reporting date is January 1st.				Rent Incentives		Lease Terms			
Unit Type	Total # of Units	Rent per Month	Annual Rent	Free Rent	Free # of Months	Lease Start Date (Mo/Yr)	Heat (Y/N)	Elect (Y/N)	Lease or TAW
Studio		\$		\$					
		\$		\$					
One Bedroom		\$		\$					
		\$		\$					
Two Bedroom		\$		\$					
		\$		\$					
Three Bedroom		\$		\$					
		\$		\$					
Four Bedroom		\$		\$					
		\$		\$					
Weekly		\$		\$					
		\$		\$					

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: _____ Title: _____ Phone: _____

Signature: _____ Date: _____